INFORMATIONAL LETTER NO.1426

DATE: October 9, 2014

TO: Iowa Medicaid Hospice Agencies and Physicians

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: ICD-9 Codes not Reimbursable as Hospice Primary Diagnoses

EFFECTIVE: August 1, 2014

*****This letter replaces Informational Letter No. 1397 dated June 16, 2014*****

As an eligibility requirement for the Hospice program, an attending physician or a hospice physician must certify that the potential hospice member has a prognosis for a life expectancy of six months or less if the terminal illness runs its normal course. The primary ICD-9 diagnosis must identify the diagnosis that is most contributory to the terminal decline.

Below is a table divided into five separate categories of non-reimbursable ICD-9 codes. These ICD-9 diagnoses codes will no longer be reimbursable as primary terminal diagnoses for the Hospice program effective August 1, 2014. Any claims submitted with these codes as a primary diagnoses for dates of service August 1, 2014, and after will be denied.

However, please note that the ICD-9 codes in the table can be used to report coexisting and additional diagnoses on the claim form, if applicable to the member. The claim form must report the principal diagnosis as well as all coexisting diagnoses and additional diagnoses related to the terminal condition or related conditions to fully describe the members that the providers are supporting.

Providers will be notified of any revisions to the codes. When ICD-10 is implemented, an informational letter will be issued regarding the classification system change with an updated table reflecting ICD-10 codes.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

NOT REIMBURSABLE
AS
HOSPICE PRIMARY DIAGNOSES
8/1/2014

CODING GUIDELINE	ICD-9 CODE	ICD-9 DIAGNOSIS
Dementia – Code the associated neurological or physical condition as primary.		
	290.0	Senile dementia, uncomplicated
	290.10	Presenile dementia, uncomplicated
	290.11	Presenile dementia with delirium
	290.12	Presenile dementia with delusional features
	290.13	Presenile dementia with depressive features
	290.20	Senile dementia with delusional features
	290.21	Senile dementia with depressive features
	290.3	Senile dementia with delirium
	290.40	Vascular dementia, uncomplicated
	290.41	Vascular dementia with delirium
	290.42	Vascular dementia with delusions
	290.43	Vascular dementia with depressed mood
	290.8	Other specified senile psychotic condition
	294.10	Dementia in conditions classified elsewhere without behavioral disturbance
	294.11	Dementia in conditions classified elsewhere with behavioral disturbance
Unspecified conditions		
	290.9	Unspecified senile psychotic condition
	294.20	Dementia, unspecified, without behavioral disturbance
	294.21	Dementia, unspecified, with behavioral disturbance
	428.9	Heart failure, unspecified

	428.20	Unspecified systolic heart failure
	428.30	Unspecified diastolic heart failure
	428.40	Unspecified combined systolic and diastolic heart failure
	585.9	Chronic kidney disease, unspecified
	586	Renal failure, unspecified
Acute respiratory failure – Acute is defined as a rapid onset & a short, severe course. Chronic respiratory required for terminal diagnosis.		
	518.51	Acute respiratory failure following trauma and surgery
	518.81	Acute respiratory failure
Chronic kidney disease – Renal failure required for terminal diagnosis.		
	585.1	Chronic kidney disease, Stage I
	585.2	Chronic kidney disease, Stage II (mild)
	585.3	Chronic kidney disease, Stage III (moderate)
	585.4	Chronic kidney disease, Stage IV (severe)
	585.5	Chronic kidney disease, Stage V
Symptoms, signs and ill-defined conditions	780.01 – 799.9	All codes included in ICD-9, Chapter 16-Symptoms, Signs, and Ill-Defined Conditions